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ABSTRACT

This work includes a discussion of the concept of self-efficacy, originally introduced by Albert Bandura, as it pertains to the therapist-trainee. Therapist self-efficacy has only recently gained attention theoretically as well as empirically. Measures used to assess the self-efficacy of the therapist are highlighted as well as factors (particularly related to the supervision process) that appear to enhance therapist self-efficacy. Factors discussed include training experience, consistency of supervision, level of training, various supervision models, role plays, as well as types of feedback/evaluation. Also included is an examination of therapist self-efficacy as it pertains to providing multicultural treatment. Implications for training programs are considered as well as suggestions for future research. (Contains 35 references.) (Author)

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SUPERVISION AND INCREASING SELF-EFFICACY IN THE THERAPIST-TRAINEE

A Doctoral Research Paper

Presented to

the Faculty of the Rosemead School of Psychology

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In Partial Fulfillment

of the Requirements for the Degree

Doctor of Psychology

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Jennifer E. Shanklin

This work includes a discussion of the concept of self-efficacy, originally introduced by Albert Bandura, as it pertains to the therapist-trainee. Therapist self-efficacy has only recently gained attention theoretically as well as empirically. Measures used to assess the self-efficacy of the therapist are highlighted—such as the COSE, SEI, and CSES—as well as factors (particularly related to the supervision process) that appear to enhance therapist self-efficacy. Factors discussed include training experience, consistency of supervision, level of training, various supervision models, role plays, as well as types of feedback/evaluation. Also included is an examination of therapist self-efficacy as it pertains to providing multicultural treatment. Implications for training programs are considered as well as suggestions for future research.

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SUPERVISION AND INCREASING SELF-EFFICACY IN THE THERAPIST-TRAINEE

Introduction

The profession of psychology is placing more and more emphasis on the supervisory process. Researchers and practitioners are investigating how supervision can be most effective in producing well-trained therapists. Inadequate supervision can be a cause of such problems as therapist burnout, increased levels of stress, feelings of aloneness and unhappiness, a decrease in confidence in one's therapeutic abilities, a decline in one's performance, and career changes even after years in the profession. Difficulties faced by many therapists reflect their need for the support and training that can be provided through supervision.

Feeling a sense of competency in one's therapeutic abilities has a positive effect on one's actual performance. A concept that has recently been given more consideration in the supervision literature is self-efficacy. Self-efficacy generally refers to the therapist's beliefs about his/her ability to provide adequate treatment for a client. People with higher self-efficacy are more likely to perceive their own anxiety as challenging, set realistic (yet challenging) goals, and have self-aiding thoughts (Larson & Daniels, 1998). The development of therapeutic skills does not depend solely upon the therapist's training, but also on the therapist's perception of his/her abilities. If self-efficacy has

such an effect on actual therapy performance, how might supervision best be able to increase self-efficacy in the supervisee?

Many factors can contribute to differences in self-efficacy among therapists. Supervision is not the only factor. For example, the number of clinical challenges is a complex and potent predictor of self-efficacy (De Graff, 1996). Supervisee involvement (or the amount of responsibility the supervisee assumes) has been found to enhance the prediction of self-efficacy scores by a small, but significant, amount (Welsh, 1999). Nonetheless, this paper will be mainly concerned with the process of supervision as it relates to the therapist-trainee's self-efficacy. By studying self-efficacy in therapist-trainees, supervisors may be able to better anticipate therapist concerns. Supervisors can work to reduce the trainee's anxiety related to working with particular types of clients, or specific areas of therapy where the therapist's skills are not as developed (Leach & Stoltenberg, 1997).

This paper is intended to examine how supervision increases self-efficacy, thereby enhancing the therapist's work. Such studies are quite recent and limited in quantity. Studies of self-efficacy will be examined in terms of definitions of concepts, instruments, samples, procedures, and results. Other trainee variables such as attractiveness, expertness, gender, and ethnicity have been studied more extensively than self-efficacy. Efficacy expectations within the therapy setting have been generally restricted to clients, not therapists (Leach & Stoltenberg, 1997). Among the most well-known uses of self-efficacy theory with clients are studies examining perceptions of self-efficacy for specific behaviors such as consecutive approximations in touching a snake (Larson et al., 1992).

Self-Efficacy and the Social Cognitive Model

Albert Bandura is the key figure credited with the promulgation of the self-efficacy concept. This concept of self-efficacy was embedded in his social cognitive theory that assumes people can exercise control over their motivation, thoughts, and actions (Larson, 1998). Bandura believed that one of the key mechanisms through which people could generate such control was their self-efficacy estimation. Bandura defined perceived self-efficacy as one's judgments about how well one can use particular actions that are required to deal with particular situations (Bandura, 1982). According to Bandura's theory, self-efficacy influences choice of behaviors, how much effort one invests, persistence in the face of obstacles, as well as actual task performance.

Bandura (1982) explained that much of human distress can be accounted for by repetitive, perturbing thoughts. People who see themselves as inefficacious, unable to cope well with a particular situation, will tend to magnify the seriousness of potential threats. They may also worry about perils that rarely, if ever, occur. Their high level of cognitively generated distress then increases their physiological arousal. Like a perpetual cycle, their physiological arousal then gets interpreted cognitively, which leads to heightened preoccupation with personal inefficacy and the possibility of catastrophe. Bandura reported that, just as stress-inducing thoughts play a major role in human arousal, so too, perceptions of coping self-efficacy reduce fear arousal levels before, throughout, and after a challenging experience. Less autonomic arousal is likewise accompanied by less impairment in coping performance.

While self-efficacy has received widespread attention across a variety of domains, this paper is concerned primarily with the therapist's self-efficacy, as well as a more

broadly defined trainee self-efficacy. Trainee self-efficacy includes other domains (in addition to individual therapy) such as assessment, case management, and group and family interventions, for which therapists/psychologists are responsible (Larson & Daniels, 1998).

Counseling self-efficacy (more specifically) is actually embedded in Larson's (1998) larger Social Cognitive Model of Counselor Training (SCMCT). This model is rooted in Bandura's social cognitive theory. Larson reported ways in which the social cognitive model of counselor training might be used to help trainees learn efficacious counseling actions. She stated that the model posits the counselor as both an agent of change and a recipient of change; change in supervision and counseling can be attributed to the overlapping influence of the supervisor, supervisee, and client.

Supervisors have already been attending to variables such as counselor performance, the supervisory relationship, and aspects of the supervision environment. The SCMCT stresses the importance of supervisors also paying attention to the self-determining influences, or the personal agency variables (of which counselor self-efficacy is an example), of the counselor. The model recommends that the supervisor actually monitor the counselor's self-efficacy during the training experience. The supervisor should monitor ways in which the trainee's efficacy might affect other personal agency variables (such as goal-setting).

The SCMCT suggests that the supervisor help the supervisee become more competent at self-monitoring. In order to do so, the supervisor must attend to the ways in which the supervisee processes information regarding his performance. The supervisor must then help the trainee become attuned to relevant cues regarding his performance,

aspects of his performance that are changeable and constructive, as opposed to factors over which the trainee has no control (such as gender, age, and ethnicity). The ideal situation would be for the trainee to be slightly more confident than his skills would suggest. Such self-monitoring skills may serve to keep the counselor's self-efficacy more closely in line with his performance.

The SCMCT recommends that the supervisor play a role in monitoring the supervisee's client load. There should be a balance between more challenging clients, moderately challenging clients, and clients with whom the trainee can easily experience success. Finally, the SCMCT indicates that the supervisor provide modeling experiences for the trainee, social persuasion, as well as specific, somewhat challenging and constructive feedback.

Measures of Self-Efficacy

Counseling Self-Estimate Inventory (COSE)

Larson and Daniels (1998), in their review of counseling self-efficacy literature, found 10 measures that were used to assess, or operationalize, counselor self-efficacy. They stated that, for individual counseling, the Counseling Self-Estimate Inventory (COSE) appears to be the most-used measure and has the most sound psychometric properties. Larson et al. developed the COSE in 1992. The internal consistency of this measure is reported to be .93, and the 3-week test-retest reliability was .87. In terms of validity, COSE scores have been found to increase roughly one standard deviation over one semester of practicum, and masters and doctoral level therapists report higher COSE scores than do prepracticum trainees.

Convergent validity for the COSE was also measured by comparing scores on the Tennessee Self-Concept Scale (which measures self-concept), the State-Trait Anxiety Scale (which measures state and trait anxiety), and the Problem Solving Inventory (which assesses one's awareness of and attitude toward his/her problem-solving behaviors). Respondents who reported greater self-efficacy also reported higher self-concepts (correlation of .51, $p < .0001$), less state and trait anxiety (correlations of -.42, $p < .01$ and -.51, $p < .0001$ respectively) and a higher perception of their problem-solving abilities (correlation of -.73, $p < .0001$, with lower scores on the problem-solving measure indicating more effective self-reported problem solving).

Scores on the COSE can range from 37 to 222, with higher scores suggesting a greater degree of self-efficacy. The COSE consists of 37 items, and identifies five dimensions that underlie counselor self-efficacy. Those dimensions include confidence in executing microskills (e.g. "I am confident that the wording of my interpretation and confrontation responses will be clear and easy to understand"), attending to process (e.g. "I am not sure that in a counseling relationship I will express myself in a way that is natural without deliberating over every response or action"), handling difficult client behaviors (e.g. "I do not feel I possess a large enough repertoire of techniques to deal with the different problems my client may present"), acting in a culturally competent manner (e.g. "I will be an effective counselor with clients of a different social class"), and having an awareness of one's values (e.g. "I am likely to impose my values on the client during the interview") (Larson et al., 1992).

Self-Efficacy Inventory (SEI)

Another concept referred to in the literature is trainee self-efficacy. Trainee self-efficacy refers to a trainee's feelings about his/her abilities to perform therapeutic activities that include not only individual therapy, but also other skills such as assessment or crisis intervention for which therapists may be responsible. Research suggests that trainee self-efficacy can serve as a mediating variable between an effective supervisory relationship and client participation in the therapy relationship (Golub, 1997). Self-efficacy, when related to the therapeutic process, may be an important concept for more reasons than one. Not only does it seem to enhance actual therapeutic performance, but also it ultimately seems to affect the client's participation in the therapeutic process. Several other studies have found that client outcome was related positively to therapist self-confidence, whereas insecurity on the part of the therapist was never positively related to client outcome (Melchert, Hays, Wiljanen, & Kolocek, 1996).

Measures such as the Self-Efficacy Inventory (SEI) were constructed to assess trainee self-efficacy. The SEI is a 21-item self-report measure, designed by Friedlander and Snyder in 1983, to assess trainees' perceptions of their confidence in their ability to perform therapist-related activities. The items cover five areas related to therapist performance: assessment, case management, completion of academic requirements, individual therapy, as well as group and family intervention (Melchert et al., 1996). Scores on the SEI range from 0 to 189, with higher scores suggesting stronger perceptions of self-efficacy expectations in these activities. In terms of validity, the SEI was found to be positively correlated with trainee experience level. The SEI's internal

consistency reliability, based on Cronbach's coefficient alpha, was found to be .93 (Friedlander & Snyder, 1983).

Counselor Self-Efficacy Scale (CSES)

Another instrument that measures the same construct as the SEI is the Counselor Self-Efficacy Scale (CSES). The correlation between the two instruments was found to be .83. The CSES, developed by Melchert et al. in 1996, consists of 20 items addressing knowledge and skill competencies that are related to the practice of individual and group therapy. Internal consistency of the instrument, using the Cronbach alpha procedure, was found to be .91, and test-retest reliability was found to be .85 (Melchert et al., 1996). Unfortunately, psychometric information on trainee self-efficacy tests is sparse relative to information on tests measuring counseling self-efficacy more specifically (Larson & Daniels, 1998).

Factors Affecting Self-Efficacy

Although limited in quantity, fairly recent studies have examined factors that affect self-efficacy in the therapist. This section will highlight those factors that appear to significantly and positively affect self-efficacy. Factors that will be discussed include training experience, consistency of supervision, level of training, different models of supervision, role plays, the supervisory working alliance, and feedback/evaluation.

Training Experience

One of the first studies intended to measure changes in counselor self-efficacy over the course of prepracticum training was conducted by Johnson, Baker, Kopala, Kiselica, and Thompson (1989). The researchers expected to see that self-efficacy would

increase during training. The subjects were 50 master's degree candidates in counseling at a large university who were enrolled in prepracticum. The researchers used a counseling self-efficacy measure designed specifically for this study. The measure assessed level of self-efficacy (how many behaviors the students indicate that they can perform) and strength of self-efficacy (the degree of confidence respondents have in those indicated abilities).

The results of this study indicated that counselor self-efficacy increased during training [F (4, 176) = 7.39, $p < .001$]. The study yielded other interesting results as well. The researchers found large individual differences in self-efficacy before the prepracticum training occurred (the range of efficacy scores was large—21.15 to 94.62). Furthermore, the difference between the low and high-efficacy groups persisted at later assessment points. The researchers stated that differences in self-efficacy levels would be of little consequence if they disappeared quickly after exposure to training. Since these results indicate that those differences do not quickly disappear, the researchers suggested that specific training interventions are warranted (Johnson et al., 1989).

Johnson et al. (1989) also found that, after prepracticum training, self evaluation of efficacy and actual performance were unrelated. These findings were unexpected. While this might suggest that graduate counseling students judge their own counseling skills inaccurately, the researchers proposed that high anxiety among the students may have obscured the expected findings. In light of this finding, however, the researchers suggested that students may need help with accurately evaluating their accomplishments and developing, therefore, a realistic understanding of their self-efficacy.

The results of this study suggest that, although self-efficacy increased during training, it appears to be somewhat stable and may function more as a trait than a state among graduate students. Johnson et al. (1989) reported that efficacy might shift only with dramatic and/or repeated evidence that self-perceptions are inaccurate.

Consistent Supervision

Cashwell and Dooley (2001) conducted a study in which they looked at whether or not simply receiving supervision on a regular basis would affect counseling self-efficacy. They hypothesized that those receiving on-going supervision would report greater self-efficacy than those not receiving on-going supervision. They pointed out in their article that many practicing counselors no longer receive consistent supervision (the opportunity to combine once-learned theories and skills and practice them in vivo) after their graduate training is complete. This is of definite concern since clinical supervision provides the feedback, structure, and support that are crucial for the maintenance and growth of counseling skills.

The 33 subjects in this study included both professional counselors as well as graduate students in a counselor education program. Eleven of the counselors were not receiving clinical supervision and 22 of the counselors (who were also seeking their professional licenses) were receiving clinical supervision. The COSE was used to measure self-efficacy. An independent *t*-test was used to determine any significant differences in self-efficacy between the counselor groups.

A statistically significant difference ($p = .024$) was found. Counselors receiving clinical supervision reported higher self-efficacy than those not receiving supervision. It is unclear whether these results were due to the feedback that supervisors provided or

simply the knowledge that someone was there with whom counselors could discuss their difficult cases. Nonetheless, this study points to the importance of clinical supervision in affecting the self-efficacy of the counselor.

Level of Training

Sipps, Sugden, and Faiver (1988) conducted a study in which they examined the relationship between year of graduate training and self-efficacy in using basic counseling skills. The subjects in this study consisted of 78 first year through fourth year graduate counselor trainees at two midwestern universities.

This study was conducted before more specific measures of counselor/trainee self-efficacy had been developed. The subjects were asked to watch a videotape of a mock client and write down their responses to what the client was saying. Their responses were expected by the researchers to correspond with 1 of 8 verbal response categories that were specified. The categories included minimal encourager, information, probe, restatement, reflection, self-disclosure, interpretation, and confrontation. The subjects were then asked to rate how confident they felt in being able to follow through with using their interventions.

The researchers expected to see a curvilinear relationship between level of training and efficacy expectations for basic counseling skills. They expected first year students to exhibit high levels of confidence due to their likely use of more common sense relational methods. This group was expected to underestimate the difficulty of therapeutic interaction. The second year students were expected to have lower self-efficacy expectations. It was assumed that, after attempts to rely mainly on common sense have failed, students become more self-conscious. The third year students were

expected to exhibit higher efficacy than the second year students since the former would have had more opportunities for performance accomplishments. Finally, the fourth year students were expected to have the highest levels of self-efficacy expectations due to their extensive opportunities to gain mastery experiences.

The hypothesized significant relationship between graduate school level and efficacy expectations was found. A univariate test revealed a main effect for level of graduate training on efficacy expectations [F (3, 994) = 11.03, $p < .001$]. The efficacy expectations for second year students were significantly lower than all the other students ($p < .05$), first year students' expectations were significantly lower than both third and fourth year students ($p < .05$), and fourth year students' expectations were significantly higher than both first and second year students ($p < .05$) (Sipps et al., 1988).

The researchers also expected to find that more difficult responses might elicit lower self-efficacy expectations and easier responses might elicit higher expectations. This assumption was partially supported by the data. Students, independent of graduate year, expressed greater levels of confidence in their ability to make reflections and probes than they did in their ability to make interpretations.

Supervision Models

As the practice of supervision has been receiving more and more attention among clinicians and researchers, models of supervision have been flourishing. Melchert et. al. (1996) pointed out that developmental models have become the zeitgeist in supervision research and theory. They stated that many of these developmental models include four stages of counselor development, ranging from a beginner trainee to a more advanced

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psychologist. Some of the developmental models include fewer stages, and some do not include any stages at all.

Melchert study. Melchert et al. (1996) assessed self-efficacy in counselors, at various developmental stages in their training using the Counselor Self-Efficacy Scale (CSES). They predicted that self-efficacy for performing counseling would increase merely as experience and professional training are acquired. Their sample consisted of 138 (74% female) graduate students and postgraduates who were either enrolled in courses in a counseling psychology department, or who were already practicing psychologists.

The findings of this study supported the researchers' hypothesis. In a multiple regression of CSES scores with amount of clinical experience and level of training as the independent variables, F values were significant for both independent variables: amount of experience, $F\,(2, 134) = 49.85$, $p < .0001$, and level of training, $F\,(1, 135) = 66.25$, $p < .0001$. The results suggested that there are four definite groups of graduate students and professionals who differ in their levels of self-efficacy. Incidentally, the four groups that were delineated correspond roughly to the groups that are identified in developmental, stage models of counselor development (Melchert et al., 1996).

Also noteworthy was the finding that level of training accounted for slightly more of the variance (18%) in CSES scores than did amount of clinical experience (14%). This suggests that the extended graduate training provided in counseling programs (of which close supervision is a key component) provides increases in professional self-efficacy that cannot be gained through simply acquiring additional clinical experience with less education. In addition, the researchers found that full-time clinical experience did not

contribute more to explaining the variance in CSES scores than did part-time experience (Melchert et al., 1996).

Leach and Stoltenberg study. Leach and Stoltenberg (1997) conducted a study that looked at the Integrated Developmental Model of supervision (IDM). According to the IDM, therapist-trainees are assessed on three different developmental levels. The first level is Self and Other Awareness. Here, trainees are mainly focused on themselves, as opposed to the client, because of initial anxiety. It is here that they rely most heavily on their supervisors.

In line with the description of this first level, De Graff (1996) discovered that novice counselor trainees exhibited weekly shifts in counseling self-efficacy. She stated that these shifts were likely due to the fragility of new beliefs and the trainees' dependence on external sources for confirmation of success and performance evaluation. Rezek (1994) also found that counselors became less self-focused and more client-focused as their training progressed. Such things as awareness of clients' cognitions, emotions, and problems, along with higher-order, inferential thoughts about clients accounted for novice therapists' increased client focus.

The second level in the IDM is Motivation. It is here that trainees experience tension between their desire for autonomy and their continued need for instruction. Level 3, Dependency-Autonomy, is the level at which the trainee is enjoying his/her newly found identity as a counselor and is functioning more autonomously (Leach & Stoltenberg, 1997).

There are eight specific domains within the IDM, and the domains describe areas of competency that are crucial for movement through counselor developmental levels.

Leach and Stoltenberg (1997) focused on two domains within the model and measured the self-efficacy of novice and more advanced counselors within those two domains. One domain was Individual Differences. This refers to treating clients with individual differences of ethnicity, culture, gender, personality, and other characteristics. The other domain was Intervention Skills Competence. This refers to the use of different intervention strategies. They expected to see that counselors who were more developmentally advanced would have higher self-efficacy ratings than counselors at a lower level of development.

Subjects consisted of 142 (52 men) masters and doctoral-level counseling students from four different universities. The COSE was used to measure self-efficacy and the Supervisee Levels Questionnaire-Revised was used to determine whether the counselors were functioning at developmental level 1 or level 2, as identified by the IDM. Results from the study indicated that overall, on all the five COSE factors, level 2 trainees reported greater self-efficacy than level 1 trainees [MANOVA indicated $F(5, 136) = 18.59, p < .001$] (Leach & Stoltenberg, 1997).

Coykendall (1993) also investigated the relationship between self-efficacy and developmental levels during a supervisory relationship. She found significant differences in efficacy by developmental level, as well as significant increases in efficacy by all developmental levels across time.

Koob study. Koob (1999) conducted a study in order to examine a model of supervision that is considered an alternative to the more traditional models. The model he studied is termed Solution-Focused Supervision. The Solution-Focused model of supervision is conceptualized as having three major components: a focus on solutions

rather than problems, a focus on the therapists' strengths rather than weaknesses, and a focus on multiple answers to clients' issues rather than single answers. Koob expected that supervisors implementing this model would effectively contribute to the enhancement of the therapists' positive perceived self-efficacy.

The sample in this study consisted of 55 supervisor-therapist dyads. Supervisors responded to a Supervisor Opinion Scale and therapists responded to a Therapist Self-Efficacy Scale. It was hypothesized that therapists who exhibited more perceived self-efficacy would be working with supervisors who adhered to the beliefs of the Solution-Focused model (Koob, 1999).

A stepwise multiple regression was performed, with factor scores from the Supervisor Opinion Scale serving as predictors and the scores on the Therapist Self-Efficacy Scale serving as the criterion. The therapists' age and years of experience were taken into account statistically. The results from this study suggested that the assumptions of the Solution-Focused model of supervision had a positive contribution to the therapists'-in-training perceived self-efficacy (Koob, 1999).

More research is needed in order to better understand the components of a Solution-Focused model of supervision. However, the findings of this study suggest that such a model may play an important role in increasing a key component (i.e. self-efficacy) in therapist competence and therapy outcome (Koob, 1999).

Role Play

According to social cognitive theory, the most powerful way to increase feelings of self-efficacy is to first observe someone else successfully engaging in the desired behavior, and subsequently master that desired behavior. In line with this theory, Larson,

Clark, Wesely, Koraleski, Daniels, and Smith (1999) conducted a study in which they examined how counselor efficacy was affected by trainees engaging in role plays versus observing videotapes of counseling sessions.

Sixty-seven participants were solicited (53 women and 14 men) from seven prepracticum counseling classes, across three universities. Each participant completed a pretest COSE, watched a 15-minute videotape or conducted a 15-minute counseling session with a mock client, and then completed a posttest COSE, as well as a success rating scale which served as a measure of how well the participant felt he/she (or the model counselor) performed (Larson et al., 1999).

Results from the study suggested that the effect of the videotape on counselor self-efficacy was modest (1/6 standard deviation), but uniform across different perceptions of success. On the contrary, for the role-play intervention, counseling self-efficacy was more labile, depending on the participants' success ratings. Participants who viewed their role-play as a great success increased in counselor self-efficacy by 1/2 of a standard deviation. Participants who viewed their role-play as mediocre decreased in counselor self-efficacy by 4/5 of a standard deviation (Larson et al., 1999).

Videotapes may be a less potent, however, safer intervention for beginner trainees who often fluctuate greatly in their levels of counselor self-efficacy. These researchers suggested that, while role plays—and later on, real client sessions—may more significantly increase counselor self-efficacy, these benefits would most likely occur with counselors who are further along in their training (Larson et al., 1999).

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In sum, supervisors are advised to model effective counseling through the use of videotapes early in the training process. After counselor self-efficacy starts to increase over time, implementing role plays would then be indicated.

Supervisory Working Alliance

Another factor of supervision that has been examined in light of its effects on self-efficacy in the trainee is the supervisory working alliance. The supervisory alliance (between supervisor and supervisee) has been likened to the therapeutic alliance (between therapist and client).

Bordin (1983) reported that the supervisory alliance involves collaboration between the supervisor and trainee to effect change. The alliance consists of three components: mutual agreement on the goals of supervision (e.g. mastery of certain counseling techniques), mutual agreement on the tasks required to attain the goals of supervision (e.g. observing counseling skills via audiotape), and an emotional bond involving mutual affinity between the supervisor and supervisee.

Ladany, Walker, and Melincoff (2001) pointed out that a unique feature of the supervisory working alliance is that the relationship is based on perceptions of mutual connections between the supervisee and supervisor. For example, as opposed to a unidirectional trust from the supervisee to supervisor, mutual trust exists; the supervisor also trusts the trainee.

Empirically, the supervisory working alliance has been found to be significantly related to trainee's perceptions of role conflict and role ambiguity (Ladany & Friedlander, 1995). Using the Working Alliance Inventory-Trainee Version (WAI-T) to measure the supervisory working alliance, these researchers found that the WAI-T ratings

significantly predicted trainees' ratings of role conflict [F (3, 119) = 28.65, $p < .001$]. Likewise, WAI-T ratings also significantly predicted trainees' ratings of role ambiguity [F (3, 119) = 39.73, $p < .0001$]. When trainees perceived a stronger supervisory working alliance, they tended to experience less of both role conflict and role ambiguity. Conversely, when trainees perceived a weaker supervisory working alliance, they tended to experience greater role conflict and role ambiguity. Prior research has also found the supervisory working alliance to be related to trainee satisfaction, supervisor adherence to ethical guidelines, supervisor self-disclosure, supervisory style, as well as trainee self-efficacy.

Efstation, Patton, and Kardash (1990) conducted a study in which they found the supervisory working alliance to be related to trainee self-efficacy. The researchers created the Supervisory Working Alliance Inventory (SWAI) to measure the perceived strength of the supervisory working alliance, and they used the Self-Efficacy Inventory to assess trainee self-efficacy. They found that both dimensions (Rapport and Client Focus) of the trainee version of the SWAI were significantly correlated with the SEI. The Rapport dimension had a correlation of .22 ($p \leq .01$) and the Client Focus dimension had a correlation of .15 ($p \leq .05$) with the SEI.

Ladany, Ellis, and Friedlander (1999) chose to extend the work of Efstation et al. (1990). Ladany (1992) had conducted a study in which he found that changes in the supervisory working alliance (goals, tasks, or the emotional bond) did not predict changes in trainee self-efficacy. Ladany et al. (1999) were interested in examining how changes in the way trainees perceived the quality of the supervisory working alliance would predict changes in their self-efficacy expectations. They pointed out that several theorists

have suggested that the supervisory working alliance is dynamic rather than static. They, therefore, set up their study in such a way as to assess the supervisory working alliance on multiple occasions.

Ladany et al. (1999) stated that, when the supervisory working alliance is strong, the four major sources of self-efficacy expectancies—identified by Bandura (1977)—should be experienced. Those four major sources are performance accomplishments, vicarious experiences, verbal persuasion, and emotional arousal.

These researchers suggested that the supervisor's feedback could improve the trainee's counseling skills that, in turn, could strengthen his/her performance with clients. Role-plays in supervision could be a type of vicarious experience. Encouragement from the supervisor is a type of verbal persuasion and, finally, the emotional component of the supervisory relationship constitutes emotional arousal. They expected trainee self-efficacy to be positively affected as the supervisory working alliance strengthens and negatively affected as the alliance weakens (Ladany et al., 1999).

The subjects used in this study were 107 counselor trainees, 35 men and 72 women. The subjects were from various graduate programs in counselor education, counseling psychology, and clinical psychology, across a number of states. The Working Alliance Inventory-Trainee version was used to assess trainees' perceptions of the three elements of the supervisory working alliance (agreement on the goals and tasks of supervision, and an emotional bond). The SEI was used to assess trainee self-efficacy (Ladany et al., 1999).

While their results did seem to indicate that self-efficacy increased significantly over time, the researchers found no significant relationship between changes in the supervisory alliance ratings and changes in trainee self-efficacy expectancies [$F(3, 103) = .641, p = .641$] (Ladany et al., 1999). These results differed from that of Efstation et al. (1990).

Efstation et al. (1990) and Ladany et al. (1999) used different measures to assess the supervisory alliance. Also, Efstation et al. used more advanced trainees, who likely have greater self-efficacy and are less dependent on a single supervisory relationship than are beginning trainees. Nonetheless, the discrepancy in the results supports the notion that future research is needed to replicate and extend these studies before more definite conclusions can be drawn.

Salmi (1992) was interested in studying specifically supervisor support and its effects on self-efficacy. In his study, 73 undergraduate students served as counselors and advanced doctoral students with previous supervision experience provided either a low or high support supervision environment. Results from this study indicated that supervisor contact—whether in the high or low support supervision conditions—significantly increased counselors' ratings of self-efficacy.

Feedback

According to Lehrman-Waterman and Ladany (2001), evaluation consists of two components: setting goals (or clarifying definite objectives that are to be carried out), and feedback (regarding progress related to the defined goals). Literature on supervision reports on components of effective goal setting. Goals should be attainable, clearly

worded, modifiable, measurable, prioritized, mutually agreed upon, and defined early on in the supervisory relationship.

The second component of evaluation—feedback—is the process whereby the supervisor shares his or her thoughts on the supervisee's progress. There are two forms of feedback that have been delineated: formative feedback and summative feedback. Formative feedback is that which occurs throughout the supervisory relationship, whereas summative feedback is a more formal process. Summative feedback usually occurs at scheduled times like at the middle and end of the semester. It is here that the supervisor takes a step back in order to assess how well the supervisee has met preestablished goals.

Literature on feedback suggests that it should be consistent and objectively (preferably behaviorally) defined. It should be timely, clear, and have a balance between positive and critical statements. It should be based on direct observation (via an audiotape or videotape), and should allow room for the supervisee to respond.

Supervisor evaluation. A few studies have examined the effects that different types of supervisor evaluation, and/or feedback, have on self-efficacy. Lehrman-Waterman and Ladany (2001) conducted a study in order to develop an inventory for assessing the evaluation process in supervision. They stated that evaluation is intended to inform supervisees about the nature of their progress, monitor client care, and bring awareness to strengths and weaknesses. They hypothesized that trainees who receive supervision characterized by effective goal setting and feedback would perceive their supervisors as significantly and positively affecting their self-efficacy. In their development of the Evaluation Process Within Supervision Inventory (EPSI), they used the SEI to assess trainee self-efficacy. They found that the proportion of variance of

supervisor influence on trainee self-efficacy that was accounted for by goal setting and feedback was significant [F (2, 133) = 40.96, $p < .001$].

Several have critiqued supervision methods such as cognitive therapy supervision, client-centered supervision, and supervision from a developmental perspective, saying that they fail to address the importance of goal setting and feedback practices. Based on the results of the Lehrman-Waterman and Ladany study (2001), it seems that current models of supervision should consider incorporating clear goal setting, as well as systematic and timely feedback, into the supervision experience. It appears that this type of structured evaluation process serves to enhance trainee self-efficacy.

Kopala (1987) hypothesized that supervisors' use of positive feedback, as well as reinforcement, would decrease counselor anxiety, increase the use of higher order counseling skills, and increase counselor self-efficacy. None of Kopala's hypotheses were supported in her study. Likewise, in a study by Baughman (1987), the effects of negative feedback upon self-efficacy expectancies were examined; his study yielded no significant results.

Beverage (1989) studied the relationship between supervisory evaluation and counselor self-efficacy. She concluded that supervisory evaluation is neither related, nor helpful, to change in counselor self-efficacy. Such evaluation seemed to reinforce existing self-efficacy rather than change it.

Strauss (1995) conducted a study in which he looked at the relationship between supervisory factors and counseling self-efficacy factors. His hypothesis was rooted in Bandura's self-efficacy theory, the working alliance model of supervision, as well as developmental models of supervision. He assumed that five supervisory factors (task-

oriented, interpersonally sensitive, client focus, rapport, and attractive) would be related to the five self-efficacy factors (using microskills, dealing with difficult client behavior, cultural competence, awareness of values, and attending to process). Using a canonical correlation analysis, he found that two supervisory factors—task-oriented and client focus—accounted for 29% of the variance on four self-efficacy factors (attending to process, using microskills, dealing with difficult client behavior, and cultural competence).

Immediate feedback. One technique used in supervision that has received little attention in empirical studies is called the bug-in-the-ear (BITE) technique. This involves the counselor's wearing a device in his/her ear through which the supervisor is able to provide immediate, live feedback without interrupting the counseling session. Jumper (1999) conducted a study in order to explore the effects that the BITE technique had on counseling self-efficacy.

Counseling self-efficacy was examined among 20 graduate student counselor trainees enrolled in the counseling department at one university. Ten participants received immediate feedback through the BITE technique, in conjunction with a live supervision model of training. This occurred during the first half of 10 practicum sessions that were held at a community counseling clinic. The other 10 subjects, who served as controls, received the live supervision without the BITE feedback throughout their 10 sessions (Jumper, 1999).

Interestingly, subjects who did receive immediate feedback via the BITE technique did not differ significantly from the control group on feedback anxiety levels. Although problems with the technical equipment were noted, participants reported no

adverse affects related to the BITE feedback. However, results did indicate that the BITE group exhibited significantly greater increases in counseling self-efficacy during the course of the study than did the control group (Jumper, 1999).

Self-Efficacy in Multicultural Counseling

Multicultural counseling competence has been defined by many as the counselors' attitudes, beliefs, knowledge and skills in working with a wide range of different cultural groups. Many self-report measurements have been created in order to assess multicultural counseling competence. Such tests include the Multicultural Awareness/Knowledge/Skills Survey (MAKSS), the Multicultural Counseling Inventory (MCI), and the Multicultural Counseling Knowledge and Awareness Scale (MCKAS). Self-report multicultural counseling competence measures have come under intense scrutiny in recent years. They have been particularly criticized for being vulnerable to respondents' social desirability attitudes, and for assessing expected, as opposed to actual, behaviors or attitudes related to multicultural competence. As a result, such measurements have been theorized to assess respondents' self-efficacy beliefs related to their multicultural counseling ability.

Multicultural counseling self-efficacy refers to counselors' confidence in their capacity to perform a set of multicultural counseling behaviors and skills successfully. Prior research has examined the role of prior multicultural training in predicting self-reported multicultural counseling competence. However, few have looked specifically at how multiculturally-focused supervision affects perceived multicultural competence.

Extent of Training

Constantine (2001) hypothesized that, after social desirability attitudes and prior academic training in multicultural counseling were accounted for, the amount of time that trainees reported having received multicultural supervision would explain a significant amount of the variance in their multicultural counseling self-efficacy. Across various counseling psychology doctoral programs, 122 students (94 women) participated in the study. The MAKSS was used to assess multicultural counseling self-efficacy. The MAKSS consists of three subscales. One subscale (Awareness) measures one's awareness of personal attitudes toward people of color. Another (Knowledge) measures knowledge about populations of color, and a third (Skills) assesses cross-cultural communication skills.

Using a hierarchical multiple regression analysis, the researcher discovered that time spent focusing on multicultural issues in supervision accounted for a significant amount of the variance in MAKSS full-scale scores. This effect was noted even after social desirability attitudes and prior multicultural training were taken into account [R squared change = .07, F (3, 109) change = 10.04, $p < .01$] (Constantine, 2001).

Several have noted that graduate counseling students report they wish their supervisors would spend more time addressing multicultural issues in supervision. While multiculturalism is becoming more and more of an issue in a country whose diversity is increasing, it appears that many supervisors have not been trained to address such issues. In many ways, supervisees may be more savvy than their supervisors when it comes to such issues due to the more recent focus on multicultural training.

Constantine (2001) pointed out that future research should look more specifically at which multicultural supervision activities are most effective at increasing multicultural counseling self-efficacy. Such specific activities might include receiving didactic information that is related to working with diverse clients and/or processing multicultural issues in the supervisory relationship itself. Future research should also explore how such things as supervisees' worldview and racial identity attitudes might serve as mediating variables within the context of supervision-related activities such as case conceptualization.

Supervisee's Culture

Recognizing the need to consider minority students' unique training needs, Nilsson (2000) conducted a study comparing the counseling self-efficacy of international students with that of American students. She examined the effects that multicultural supervision, as well as the supervisory working alliance, had on the students' counseling self-efficacy. The subjects in this study included 321 students from many different training programs and internship sites that were accredited by the American Psychological Association. Of the students, 83% were identified as U.S. citizens, 14% as international students, and 3% as permanent residents.

The results indicated that the international students reported significantly less counseling self-efficacy than the U.S. majority students. Acculturation had an impact on the international students' self-efficacy; those who were more acculturated reported greater self-efficacy. Furthermore, a positive supervisory working alliance was positively correlated with international students' counseling self-efficacy, whereas, multicultural

supervision (that included a discussion of issues specific to international students) was not related to counseling self-efficacy (Nisson, 2000).

Conclusion

This conclusion is intended to take the reader through a summary of the research that has been reported here on self-efficacy, particularly as it relates to the therapist-trainee, and factors that increase this self-efficacy. Implications for training programs as well as considerations for future research will also be discussed.

Summary

To summarize, self-efficacy is a concept that was first popularized by Albert Bandura (1982). He stressed the importance of one's cognitions, one's beliefs about her ability to perform certain actions. He stated that such beliefs affect one's physiological arousal, one's perceived sense of threat, which likewise influences how one performs in challenging situations. Larson (1998) expanded Bandura's ideas about self-efficacy and applied them to the therapist-trainee. This concept of counseling self-efficacy is embedded in her social cognitive model of counselor training (SCMCT).

Research conducted on the self-efficacy of the therapist-trainee is fairly recent and limited in scope. There are instruments, however, which have been created to measure the therapist's self-efficacy. Some of those instruments include the Counseling Self-Estimate Inventory (COSE). This is the most popular instrument used when looking at counseling self-efficacy related to treating individual clients. The Self-Efficacy Inventory (SEI) and the Counselor Self-Efficacy Scale (CSES) are two other frequently

used instruments. These are used to examine therapist self-efficacy as related to aspects of treatment, in addition to individual therapy, such as crisis intervention and assessment.

Several factors have been found to enhance the trainee's self-efficacy, many of which are related to the supervision process. Johnson et al. (1989) found that the self-efficacy of counselors increased during the course of prepracticum training. Cashwell and Dooley (2001) found that trainees who received consistent supervision reported greater levels of self-efficacy than trainees who did not receive on-going supervision. Sipps et al. (1988) discovered that, although first year graduate students reported high levels of self-efficacy, perhaps due to their use of more common sense means of relating to clients, fourth year graduate students reported the highest levels of self-efficacy when compared to students in all 4 years of graduate training.

As supervision models have been gaining increasing attention, so researchers have been examining therapist self-efficacy in light of these models. Melchert et al. (1996), in their study, discovered four distinct groups of students who differed in their levels of self-efficacy. The groups that were delineated corresponded to groups that are identified by stage models of counselor development. Leach and Stoltenberg (1997) discovered that students identified by the Integrated Developmental Model of supervision as being more developmentally advanced as counselors reported higher self-efficacy than students less developmentally advanced. Koob's study (1999) revealed that supervisors' adherence to a Solution-Focused model of supervision significantly impacted counseling self-efficacy.

Several other aspects of supervision have been found to enhance self-efficacy. Larson et al. (1999) conducted a study in which they examined the effects of role play,

versus observing videotapes, on counseling self-efficacy. Their results suggested that videotapes are most effective early on in training, perhaps because they are less threatening. Once a baseline of self-efficacy has then been formed, it seems as though role plays serve to best increase self-efficacy from that point forward. Some confusion remains regarding the relationship between the supervisory working alliance and the therapist's self-efficacy. Efstation et al. (1990) found a positive relationship between the supervisory working alliance and counselor self-efficacy, whereas Ladany et al. (1999) did not find this relationship. Lehrman-Waterman and Ladany (2001) found that supervisees who receive supervision that is characterized by effective feedback and goal-setting report greater levels of self-efficacy. Also, Jumper's study (1999) suggested that the bug-in-the-ear (BITE) technique of supervision, that provides immediate feedback to the trainee, serves well to increase self-efficacy in the trainee.

Finally, some researchers have focused on the therapist's self-efficacy as it relates to multicultural issues. Constantine (2001) discovered that the amount of time in supervision spent focusing on multicultural issues seems to have a significantly positive effect on multicultural counseling self-efficacy. Nilsson (2000) discovered that international students reported significantly less counseling self-efficacy than U.S. majority students. Also, level of self-efficacy seemed to be positively correlated with level of acculturation in the minority students.

Implications for Training Programs

Several implications for training programs can be drawn from this body of research. First, in order to assess and monitor the self-efficacy of therapists-in-training, training programs should use the most effective measures that have been created to assess

this construct. Measures that are considered psychometrically sound include the COSE, the SEI, and the CSES.

Second, programs should continue, or begin, implementing courses like prepracticum which involve on-going, intense supervision. Supplementing on-site practicum supervision with off-site supervision might also be helpful in order to ensure that students are receiving the consistent supervision that seems so crucial to enhancing their self-efficacy.

Thirdly, training programs would be wise to assimilate the components of a Solution-Focused model of supervision into the supervision experience. These components include focusing on the therapist's strengths as opposed to weaknesses, looking at solutions more than problems, and examining multiple possible responses to clients' issues instead of focusing solely on any single response.

Fourthly, it is recommended that training programs use videotapes during the beginning stages of students' supervision. Having the opportunity to observe another therapist at work can help to create a baseline of self-efficacy in the trainee. Later, however, it is recommended that students engage in role plays. This hands-on exposure seems to enhance self-efficacy after some confidence is already established from having had exposure to the modeling provided by the videotapes.

Fifthly, supervisors should be urged to help their trainees set goals and should also provide feedback related to those goals. Training programs should also invest in the equipment used for the bug-in-the-ear technique of supervision that provides immediate feedback to the trainee. Such methods of evaluation have been found to increase self-efficacy.

Lastly, it is recommended that supervisors increase the time spent focusing on multicultural issues during supervision. This may help students' self-efficacy as it relates to working with clients of a different culture than their own. Supervisors should also be particularly concerned with ways they may help to increase the counseling self-efficacy of their minority students, particularly those with lower levels of acculturation.

Future Research

Steward wrote an article (1998) in which he reacted to articles written by Larson and others. In his article, Steward mused over how counselor self-efficacy and supervisor self-efficacy might be connected. Strongin (1989) conducted a study in which he found a significant positive relationship between supervisors' self-efficacy and their supervisees' perceptions of receiving care and support from them. While Steward admits that his personal observations (made over an 11-year period) are limited in scope, he nonetheless raises some important issues regarding supervisor self-efficacy that should be further explored empirically.

During his years of training graduate level counselors, Steward (1998) noted that several students with whom he worked would receive positive practicum evaluations and report having definite positive beliefs about their counseling abilities. Nonetheless, some of these same students would report definite feelings of uncertainty and anxiety about taking on the new role of supervisor. He took note of several sources of concern for these novice supervisors that seemed to impede their supervisor self-efficacy. Concerns were related to giving feedback to supervisees and receiving feedback from them, feelings of inadequacy, and anxiety over evaluating another member of the profession.

Most importantly, for the purposes of this paper, Steward (1998) noted that therapists' anxiety-related hesitations to assume the role of supervisor seemed directly correlated with their supervisees' increased anxiety and reluctance to take risks in their own work with clients. In contrast, when supervisors were confident in assuming their role, supervisees more easily assumed their respective role. Should future research confirm Steward's hypothesis that supervisor self-efficacy is directly related to counselor self-efficacy, this should draw more attention to the importance and responsibility of those who train supervisors. Finding ways in which these trainers of supervisors could best influence supervisor self-efficacy would be crucial.

Some activities that have been used to increase self-efficacy in clients might be considered for use in supervising counselors. Some have suggested that activities geared toward discriminating between past and present performances, promoting an objective evaluation of performance, and retrieving past successes can help to increase client efficacy. Future research should look at how these types of activities might also influence the therapist's self-efficacy and how they might be incorporated into the supervision experience.

Due to the fact that research on the therapist's self-efficacy (and how it is affected via the supervision process) is relatively new, this topic would definitely benefit from further study. This paper has uncovered specific areas that might particularly benefit from future study. In the study conducted by Johnson et al. (1989), the researchers found that after their prepracticum training, the trainees' reported self-efficacy was unrelated to their actual therapeutic performance. These unexpected findings warrant further investigation. Were these findings related to a confounding variable such as the subjects'

anxiety, or do graduate students have a tendency to inaccurately judge their own skills to a significant degree?

Another area of research that could benefit from future investigation is better delineating the Solution-Focused model of supervision. While Koob's study (1999) seems to support the notion that this model contributes to increasing self-efficacy in the trainee, more research is needed in order to understand the components of the model.

Efstation et al. (1990) and Ladany et al. (1999) both studied how the supervisory working alliance affects counselor self-efficacy. Efstation et al. found that the alliance positively affects self-efficacy, whereas Ladany et al. found no significant relationship between changes in the alliance and changes in self-efficacy. It is recommended that future research attempt to replicate such studies with the newer measures of supervisory working alliance, such as the SWAI, that are more statistically robust.

Future studies might also focus on supervisor feedback/evaluation and its affects on self-efficacy in order to better clarify the relationship between them. While Lehrman-Waterman and Ladany (2001) found that goal setting and feedback were significant contributors to the trainees' self-efficacy, other studies by Kopala (1987), Baughman (1987) and Beverage (1989) did not reveal a significant relationship between supervisor feedback/evaluation and self-efficacy.

Lastly, as pointed out by Constantine (2001), future studies need to examine which multicultural supervision activities most effectively enhance the trainee's self-efficacy in dealing with multicultural treatment issues. While her study revealed that time spent on such issues in supervision is positively related to self-efficacy, it is still unclear as to what exactly makes that supervision most effective.

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